

FOR OFFICIAL USE ONLY

FOR S5B USE

Received: _____

Contacted: _____

Processed: _____

KIRTLAND AFB PASS REQUEST

SPONSOR'S INFORMATION

FIRST NAME	
MIDDLE NAME	
LAST NAME	
SSN or DOD ID Number	
DATE OF BIRTH	
SEX	M F (circle one)
ORGANIZATION	
ORGANIZATION ADDRESS	
DUTY PHONE	

CONTRACTOR'S//////VISITOR'S INFORMATION

FIRST NAME	
MIDDLE NAME	
LAST NAME	
DATE OF BIRTH	
SEX	M F (circle one)
SSN (MANDATORY)	
HOME ADDRESS	
PHONE # (Where you can be contacted/daytime)	

Contractor/Visitor's Personal Identification (State or Government Issued)

ID Type (For example: Drivers License)	
ID NUMBER	
STATE OF ISSUANCE	

Contractor's Company Information

COMPANY NAME/PHONE	
COMPANY ADDRESS	

Contractor/Visitor's Citizenship

US CITIZEN?	YES _____ NO _____ (IF NO, STATE COUNTRY OF CITIZENSHIP) _____
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Additional Pass Information

DESTINATION on Kirtland AFB	
DURATION OF PASS *****(Date of Expiration)	(Not to exceed 1 yr) Month: _____ Day: _____ Year: _____
DAYS REQUIRED ACCESS/TIME **NOTE: Circle the days access is required and indicate the access time requested for example (0700-1900).	M TU W TH F SAT SUN ACCESS TIMES (_____)

PRIVACY ACT STATEMENT

PRIVACY ACT STATEMENT: AUTHORITY: Title 5 USC Section 301, Departmental Regulation Principle Purpose: To implement AFI 31-201, Installation Security and 31-204, Air Force Motor Vehicle Traffic Supervision **ROUTINE PURPOSE:** To request and record the issuance of a Visitor when the use of another form is not authorized or specified. Failure to provide any of the information requested may result in non-issuance of the Visitor Pass. Disclosure of the SSN is voluntary acceptance of these terms constitutes approval for a criminal history background check to be conducted as part of the request approval process. This information is necessary for validation of identity and determination of entry eligibility onto Kirtland Air Force Base. Failure to provide this information may result in a non-issuance determination by the issuing authority.

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CRIMINAL BACKGROUND CHECK INFORMATION

ENSURE DATA IS LEGIBLE AND COMPLETE, THIS FORM MUST BE COMPLETED BY APPLICANT

LAST NAME:		FIRST NAME, MIDDLE INITIAL:	
SSN:		DOB:	RACE:
		SEX:	EYES:
		HT:	WT:
ADDRESS, CITY, AND ZIP:		US CITIZENSHIP:	YES NO
DRIVER'S LICENSE NUMBER AND STATE OF ISSUE:		AGE 18 OR OVER:	YES NO
EMPLOYER:			
Any Alias:			

I authorize the use of and release of my personal information to KIRTLAND AFB, NM, to accomplish a National criminal background check. I understand the information obtained will be used to determine my eligibility to access Kirtland AFB for the purpose of employment. Furthermore, I certify the information I have provided is true and that any attempt on my behalf to provide incorrect or misleading information may subject me to denial of base access and/or prosecution under state and/or federal laws.

Signature of Employee _____

Date _____

DO NOT WRITE BELOW – GOVERNMENT USE ONLY

SFS USE ONLY:		Remarks
SFMIS CHECKS:		
COMPLETED: Y / N	INITIALS: _____	
NCIC III CHECK:		
COMPLETED: Y / N		
Date Completed: _____		
Disqualifying Factors Y / N		
INITIALS: _____		
SFA/FINGERPRINTS:		
COMPLETED: Y / N	INITIALS: _____	
DRIVERS LICENSE:		
CHECK Y / N	INITIALS: _____	

WARNING: This document contains For Official Use Only (FOUO) and Privacy Act information which must be protected or removed IAW AFI 33-119, AFI 33-129, AFI 33-219, AFI 33-332, and DOD Regulation 5400.7/AF Supplement prior to further disclosure.

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